

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27

Attn: Roberts Ferry Nut Co, Inc., Owner
Roberts Ferry Nut Co, Inc.

The Department of Environmental Resources (hereinafter "Department"), acting by and through its Division of Environmental Health (hereinafter "Division") and the Manager for the Division (hereinafter "Manager"), hereby issues this Citation (hereinafter "Citation") pursuant to Sections 116330 (f) and 116650 of the California Health and Safety Code (hereinafter "CHSC") to the Roberts Ferry Nut Co, Inc. (hereinafter, "Roberts Ferry") for violation of Title 22, California Code of Regulations (CCR), Section 64426.1 (b).

1 **APPLICABLE AUTHORITIES**

2 **Section 116650 of California Health and Safety Code provides:**

3 (a) If the Division determines that a public water system is in violation of
4 this chapter or any regulation, permit, standard, citation, or order issued or adopted
5 thereunder, the Division may issue a citation to the public water system. The citation
6 shall be served upon the public water system personally or by certified mail. Service
7 shall be deemed effective as of the date of personal service or the date of receipt of
8 the certified mail. If a person to whom a citation is directed refuses to accept delivery
9 of the certified mail, the date of service shall be deemed to be the date of mailing.

10 (b) Each citation shall be in writing and shall describe the nature of the
11 violation or violations, including a reference to the statutory provision, standard, order,
12 citation, permit, or regulation alleged to have been violated.

13 (c) A citation may specify a date for elimination or correction of the
14 condition constituting the violation.

15 (d) A citation may include the assessment of a penalty as specified in
16 subdivision (e).

17 (e) The Division may assess a penalty in an amount not to exceed one
18 thousand dollars (\$1,000) per day for each day that a violation occurred, and for each
19 day that a violation continues to occur. A separate penalty may be assessed for each
20 violation.

21 **California Code of Regulations, Title 22, Section 64426.1, subsection (b)**
22 **provides, in relevant part:**

23 (b) A public water system is in violation of the total coliform Maximum
24 Contaminant Level ("total coliform MCL") when any of the following occurs:

25 (2) For a public water system which collects fewer than 40 samples per
26 month, more than one sample collected during any month is total coliform-positive; or

27 (3) Any repeat sample is fecal coliform-positive or E.coli-positive; or

1 (4) Any repeat sample following a fecal coliform-positive or E.coli-
2 positive routine sample is total coliform-positive.

3 **STATEMENT OF FACTS**

4 Roberts Ferry is operated under Water Supply Permit No. 2018-02-013, which
5 was issued on March 7, 2018.

6 Roberts Ferry water system is located in Stanislaus County along Yosemite
7 Boulevard, approximately 1.18 miles east of the City of Waterford. Roberts Ferry's
8 service area is approximately 99.61 acres in size.

9 Roberts Ferry's water system is classified as a transient non-community water
10 system that serves the visitors and staff of a nut processing facility. According to the
11 2014 Annual Report to the Division and Division records, Roberts Ferry serves
12 approximately 25 people through three service connections. The three service
13 connections are un-metered. The water system obtains its water supply from one
14 active well located on Roberts Ferry property.

15 The well discharges to a 125-gallon pressure tank, prior to entering the
16 domestic water system. Irrigation demands are provided by this well and are supplied
17 by a separate dedicated backflow prevention device.

18 With a population of 25, the Roberts Ferry water system is required to have
19 one sample examined for bacteriological quality every month from its distribution
20 system. The Roberts Ferry's contract laboratory, Far West Laboratories, utilizes the
21 testing SM9223 method for bacteriological analyses.

22 Specifically, on February 12, 2018, the Roberts Ferry water system collected
23 one (1) routine sample for bacteriological quality from the designated site in the
24 distribution system. This sample, collected from the store hosebib, tested positive for
25 total coliform bacteria. The samples were negative for E.coli coliform bacteria.

26 On February 14, 2018, the Roberts Ferry water system collected four (4)
27 repeat samples (one sample each from the routine coliform positive sample location,

1 the downstream locations, the upstream locations, and the well head). Three of the
2 repeat samples tested positive for total coliforms and none were E.coli coliform
3 positive.

4 **DETERMINATION**

5 The Division has determined that Roberts Ferry failed to comply with the
6 requirements of Section 64426.1 (b) due to the fact that Roberts Ferry had more than
7 one sample during the month of February 2018 that was total coliform-positive.
8 Therefore, Roberts Ferry is in violation of Section 64426.1 (b) of the California Code
9 of Regulations.

10 **DIRECTIVES**

11 Roberts Ferry is hereby directed to take the following actions:

- 12 1. On February 16, 2018, this Division directed Roberts Ferry to notify the
13 consumers by March 15, 2018, of the bacteriological quality (Total Coliform
14 Rule) failure in conformance with Section 64464.3(a)(1), Title 22, CCR. The
15 notification shall be provided in accordance with the following:

- 16 a. Provide written notice of the bacteriological water quality MCL violation
17 by mail or by direct hand delivery to every customer and by publication
18 of notice in a newspaper of general circulation in the area served by the
19 Roberts Ferry. The notice shall be published and delivered once, no
20 later than the above mentioned date.

21 This notification shall be given in English. In addition, if the Roberts
22 Ferry water system serves a large proportion of other non-English
23 speaking consumers, notices must contain some information in the
24 appropriate language(s) on the importance of the notice as provided in
25 the Department's guidance for the Consumer Confidence Report.

- 26 b. The contents of the notice, including the mandatory language, shall be
27 approved by the Department prior to publication and delivery.

1 A sample notification form that can be used to satisfy the public
2 notification requirement has already been provided to Nic West by
3 email.

4 2. On February 16, 2018, this Division directed Roberts Ferry to perform an
5 investigation to determine the cause of possible significant rise in bacterial
6 count in the Roberts Ferry distribution system during the month of February
7 2018. A report of the investigation shall also be prepared in accordance with
8 Section 64426 (b)(2), Title 22, CCR, and submitted to the Department by
9 March 15, 2018. A form that should be used to meet this requirement also has
10 already been sent to Nic West by email.

11 The Division reserves the right to make such modifications to this Citation as it
12 may deem necessary to protect public health and safety. Such modifications may be
13 issued as amendments to this Citation, and shall be deemed effective upon issuance.

14 Nothing in this Citation relieves Roberts Ferry of its obligation to meet the
15 requirements of the California Safe Drinking Water Act, or of any regulation, permit,
16 standard, or order issued or adopted thereunder.

17 All submittals required by this Citation shall be submitted to the Division at the
18 following address:

19 Rachel Riess, REHS
20 Department of Environmental Resources
21 3800 Cornucopia Way, Suite C
22 Modesto, CA 95358

23 **PARTIES BOUND**

24 This Citation shall apply to and be binding upon Roberts Ferry, its officers,
25 directors, shareholders, agents, employees, contractors, successors, and assignees.

26 **SEVERABILITY**

27 The Directives of this Citation are severable, and Roberts Ferry shall comply
28 with each and every provision thereof, notwithstanding the effectiveness of any other
29 provision.

1 **FURTHER ENFORCEMENT ACTION**

2 The California SDWA authorizes the Department to: issue citation with assessment of
3 administrative penalties to a public water system for violation or continued violation of
4 the requirements of the California SDWA or any permit, regulation, permit or order
5 issued or adopted thereunder including, but not limited to, failure to correct a violation
6 identified in a citation or compliance order. The California SDWA also authorizes the
7 Board to take action to suspend or revoke a permit that has been issued to a public
8 water system if the system has violated applicable law or regulations or has failed to
9 comply with an order of the Department; and to petition the superior court to take
10 various enforcement measures against a public water system that has failed to
11 comply with violates an order of the Department. The Department does not waive any
12 further enforcement action by issuance of this citation.

13
14 3/7/18
15 _____
16 Date

17 _____
18 Rachel Riess, REHS
19 Senior Environmental Health Specialist
20 Division of Environmental Health
Department of Environmental Resources
Stanislaus County

21 **Attachments:**

- 22 1. Proof of Notification Form
23 2. Level 1 Assessment Report
24

25 Certified Mail No. 7014 3490 0001 6849 4408

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT For Transient, Non-Community Water Systems



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (RTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the coliform treatment trigger date.

| | |
|--------------|---------------------|
| SYSTEM NAME: | Trigger Date: |
| SYSTEM #: | Investigation Date: |

| # | Issues | Yes/No | N/A | Potentially | If Yes or Potentially, Identify |
|---|---|---|--------------------------|--------------------------|--|
| 1 | Unusual occurrences with the water system since the last negative routine bacteriological sample: | | | | |
| | Loss of pressure <5 psi | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | Heavy precipitation and/or flooding | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Customer complaints of water quality or pressure | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Evidence of unauthorized access/vandalism | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Interruption in disinfection treatment | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Changes to water system since last negative routine bacteriological sample: | | | | |
| | Piping modified or repaired | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | System components replaced or repaired | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Changes in operational procedures or personnel | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| 3 | Groundwater source contamination: | | <input type="checkbox"/> | | Proceed to section 4 if groundwater is not used. |
| | Repeat bacteriological sample(s) from raw source water is positive for total coliform | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Wells: | | <input type="checkbox"/> | | |
| | Cracks or holes in the well casing above grade | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | Water can leak through well top seal | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | The well is not equipped with a downturned screened vent. | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Water can leak through well head penetrations for electrical or sounding equipment | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Leaking pipes or standing water around the well(s) | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Springs and/or Horizontal Wells: | | <input type="checkbox"/> | | |
| | The collection site is overgrown with vegetation. | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Flowing/standing water around the collection site | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Evidence of animal activity around the collection site (grazing/burrowing) | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | Rodents, insects or roots in the spring box | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | | |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT

For Transient, Non-Community Water Systems

Page 2 of 3

| # | Issues | Yes/No | N/A | Potentially | If Yes or Potentially, Identify |
|---|--|---|--------------------------|--------------------------|---|
| 4 | Surface water or GWUDI treatment issues | | <input type="checkbox"/> | | |
| | CT not met at all times | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | Spikes in raw or filtered water turbidity | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | Alarms and auto shutdowns are not properly set or functioning. | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| 5 | Tank(s) storage, clearwell, backwash return: | | <input type="checkbox"/> | | Proceed to section 6 if there are no tanks. |
| | Openings in tank roof that rain water can enter | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | Rodents, birds, insects or other unexpected materials inside tank | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Tank air vents are not properly screened to prevent insects from entering. | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Hatches or access ladders left unlocked | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | For redwood tanks, signs of birds/animals burrowing or nesting into the tank | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | root intrusion, for underground tanks | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6 | Distribution system | | | | |
| | Low pressure transmission lines | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Dead end lines | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Interties with non-potable water systems or sources (even if valved off) | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | Any certified backflow prevention devices not tested in the previous calendar year. | Y <input type="checkbox"/> N <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7 | Sample site and sampling procedures | | | | |
| | Is there a written sampling procedure and was it followed? | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | Sample sites are not the ones identified in the approved bacteriological sample siting plan. | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Sample taps are wet, leaking or dirty | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | The sample collector was not properly trained | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |
| | Were sample bottles delivered to the lab in a cooler and within allowable holding time? | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| | Is there a seasonal pattern in positive samples when reviewing historical monitoring? | Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| 8 | Other | Y <input type="checkbox"/> N <input type="checkbox"/> | | <input type="checkbox"/> | |

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT
For Transient, Non-Community Water Systems
Page 3 of 3

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? *(DO NOT LEAVE BLANK)*

| Deficiency # | Deficiency Description |
|--------------|------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. *(DO NOT LEAVE BLANK)*

| Deficiency # | Corrective Action | Date Completed |
|--------------|-------------------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: _____ **TITLE:** _____ **DATE:** _____

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.



DEPARTMENT OF ENVIRONMENTAL RESOURCES

3800 Cornucopia Way, Suite C, Modesto, CA 95358-9492
Phone: 209.525.6700 Fax: 209.525.6774

**Drinking Water Notification to Consumers
PROOF OF NOTIFICATION**

Name of System: _____

Please explain what caused the problem if determined and what steps have been taken to correct it.

Consumers Notified _____ **Yes** _____ **No (if no explain)**

Date of Notification: _____

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

_____ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code.

_____ Newspaper (if the problem has been corrected).

_____ Personally hand-delivering a copy to each of the consumers.

_____ Posting on a public bulletin board that will be seen by each of the consumers (for small non-community water systems with permission from the Environmental Resources Department)

_____ Other Approved Method: _____

I hereby declare the foregoing to be true and correct.

Dated: _____

Signature of Person Serving Notice

Notice: Complete this Proof of Notification and return it, along with a copy of the water user notification, to the Department of Environmental Resources, 3800 Cornucopia Way Suite C, Modesto, CA 95358, within **7 Days** after notifying water users.